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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DONALD GELIN & ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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March 24, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: DONALD GELIN & ASSOCIATES, LLC
REF: W06000014274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please refile the entire filing. The first page of the articles of organization did not come through and it appears that your fax combined the cover sheet and first page as one.,

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Leslie Sellers
Document Specialist

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06 MAR 24 PM 12:06

DIVISION OF CORPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 24 AM 10:17

APPROVED
AND
FILED

(((H06000077801)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DONALD GELIN & ASSOCIATES, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9165 PARK DRIVE

STE: 8

MIAMI SHORES, FL 33138

Mailing Address:

9165 PARK DRIVE

STE: 8

MIAMI SHORES, FL 33138

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ESTIME-THOMPSON, P.A.

Name

9165 PARK DRIVE STE: 8

Florida street address (P.O. Box NOT acceptable)

MIAMI SHORES FL 33138

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of registered agent

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

FIRST LOAN SOLUTION, INC.

9165 PARK DRIVE STE: 8

MIAMI SHORES, FL 33138

MGRM

DONALD GELIN

9165 PARK DRIVE STE: 8

MIAMI SHORES, FL 33138

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DONALD GELIN

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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